

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	LOCATION MONITORING AND TRANSMITTING DEVICE, METHOD, AND COMPUTER PROGRAM PRODUCT USING A SIMPLEX SATELLITE TRANSMITTER
Attorney Docket Number::	241112US20
Total Drawing Sheets::	7
Small Entity?::	YES

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	USA
Status::	FULL CAPACITY
Given Name::	GARY
Family Name::	NADEN
City of Residence::	MANDEVILLE
State or Province of Residence::	LOUISIANA
Country of Residence::	USA
Street of Mailing Address::	1322 RUE BEAUVAIS
City of Mailing Address::	MANDEVILLE
State or Province of Mailing Address::	LOUISIANA
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	70471

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: STEPHEN
Family Name:: SCHAMBER
City of Residence:: METAIRIE
State or Province of Residence:: LOUISIANA
Country of Residence:: USA
Street of Mailing Address:: 1168 LAKE AVENUE, #206
City of Mailing Address:: METAIRIE
State or Province of Mailing Address:: LOUISIANA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 70005

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: RONNIE
Family Name:: TANNER
City of Residence:: COVINGTON
State or Province of Residence:: LOUISIANA
Country of Residence:: USA
Street of Mailing Address:: 569 GREENLUSTER DRIVE
City of Mailing Address:: COVINGTON
State or Province of Mailing Address:: LOUISIANA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 70433

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: SCOTT
Family Name:: QUILLIN
City of Residence:: MANDEVILLE
State or Province of Residence:: LOUISIANA
Country of Residence:: USA
Street of Mailing Address:: 1327 RUE BAYONNE
City of Mailing Address:: MANDEVILLE
State or Province of Mailing Address:: LOUISIANA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 70471

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

ASSIGNMENT INFORMATION

Assignee Name:: AXONN L.L.C.
Street of Mailing Address:: 2021 Lakeshore Drive, Suite 500
City of Mailing Address:: New Orleans
State or Province of Mailing Address:: LA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 70122